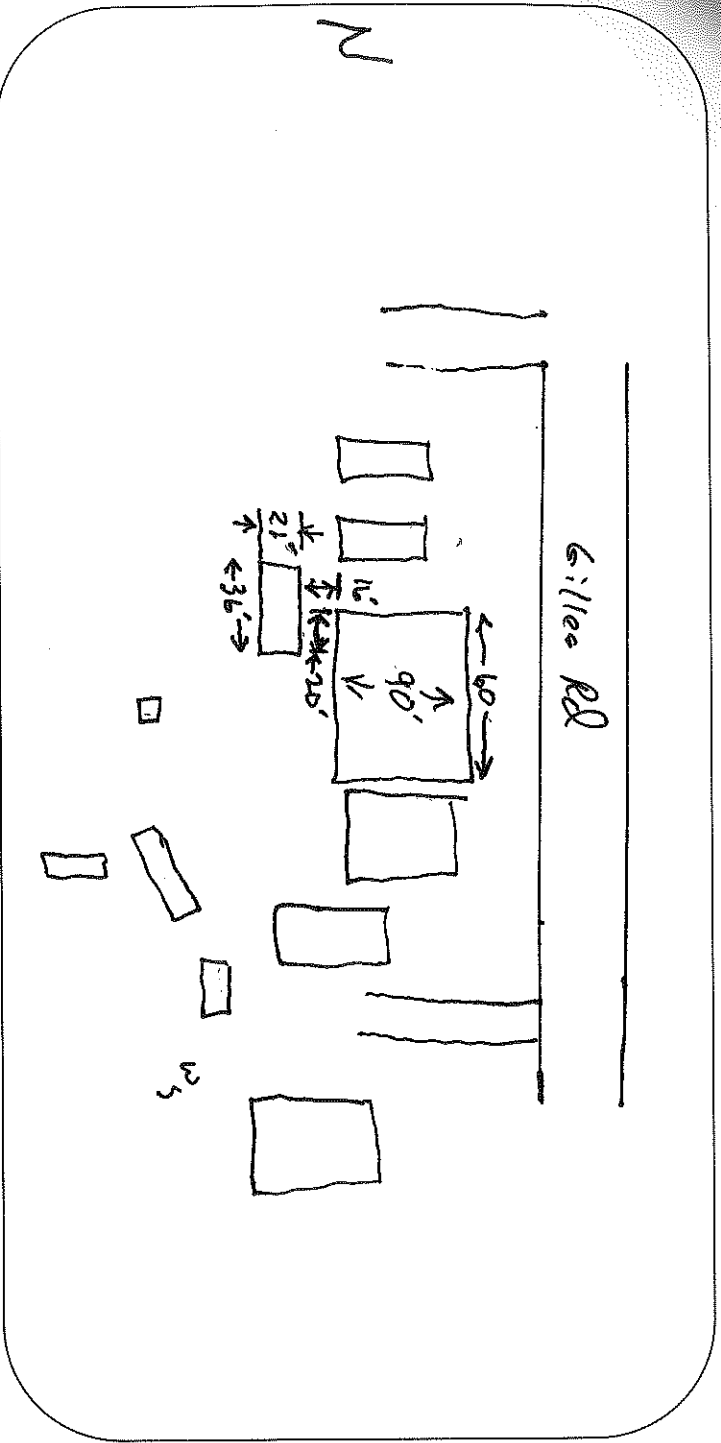


Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%
- (1) Show Location of (*):
- (2) Show:
- (3) Show any (*):
- (4) Show any (*):
- (5) Show any (*):
- (6) Show any (*):
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	175 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	56.5 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	42 Feet		
Setback to Privy (Portable, Composting)	4-50 ft Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:				
Permit #: 13-0377		Permit Date: 10-25-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	Case #:	N/A	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ATE				
Inspection Record: Inspection 10-7-13 - KAREN ST. GREENAWALD PRESENT. INSPECTION 10-18-13 w/ DMR ALYSSA COLE DETERMINED PORTION OF WATERWAY ON PROPERTY NAVIGABLE. DATE OF INSPECTION: 10-7 + 10-18-13 Inspected by: J. GREENAWALD. MURPHY						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						

ANY NECESSARY PERMIT &/OR INSPECTION FROM STATE OF WI COMMERCIAL BUILDINGS SHALL BE OBTAINED.

Signature of Inspector:

Hold For Sanitary: ☐

Hold For TBA: ☐

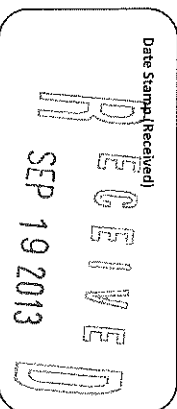
Hold For Affidavit: ☐

Hold For Fees: ☐

Date of Approval:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	13-0378
Date:	10-05-13
Amount Paid:	\$150
Refund:	9-19-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>KAREN ST GERMAIN</u>	Mailing Address: <u>6475 GILLES RD.</u>	City/State/Zip: <u>ASHLAND WI 54806</u>	Telephone: <u>715.746.2345</u>
Address of Property: <u>6475 Gilles Rd.</u>		City/State/Zip: <u>ASHLAND WI 54806</u>	Cell Phone: _____
Contractor: _____		Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>		Legal Description: (Use Tax Statement) <u>04. 0102470533/04 000 20200</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1057</u> Page(s) <u>222</u>
Gov't Lot _____		Lot(s) _____	Block(s) No. _____
CSM _____		Vol & Page <u>1057</u>	Subdivision: _____
Section <u>33</u> , Township <u>Eiler</u> , Range <u>5</u> W		Town of: <u>Eiler</u>	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <u>+150</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue -->		Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->		Distance Structure is from Shoreline: _____ feet	

Value at Time of Completion * include donated time & material <u>\$ 2,800.00</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Portable (w/service contract) <u>X2</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>40</u>	Width: <u>45</u>	Height: <u>18</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>DECK</u>	(<u>40</u> X <u>45</u>)	<u>1800</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance	Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described project and any reasonable time for the purpose of inspection.

Owner(s): Karen St Germain
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

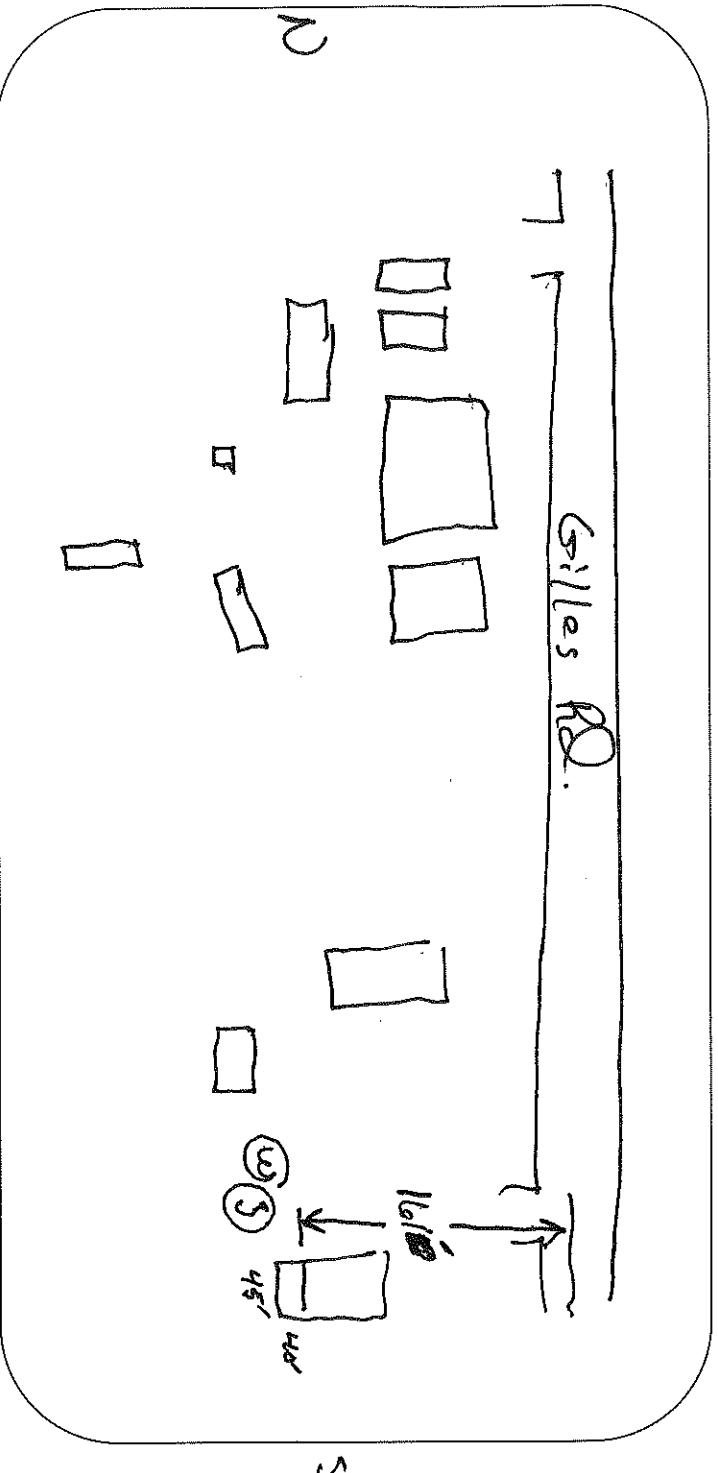
Date 09 Sept. 2013

Address to send permit _____

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	161 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	464 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	180 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	13-1245	# of bedrooms:	3	Sanitary Date:	10-24-13	
Permit Denied (Date):		Reason for Denial:						
Permit #: 13-0378		Permit Date: 10-25-13						
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #: N/A		Previously Granted by Variance (B.O.A.)		Case #: N/A		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: NEW SANITARY SYSTEM PERMITTED TO BE INSTALLED SEPTIC TO BE ABANDONED PER CODE. WATERWAY ON PROPERTY DEEMED ABANDONED BY DNR 10-18-13								
Date of Inspection: 10-21-13 + 10-18-13		Inspected by: J. CROONBERG, Murphy		Zoning District (A-1)		Lakes Classification (3)		Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)								
NEW HOLDING TANK PERMIT # 13-1245 STAKED BE INSTALLED PRIOR TO SANITARY PERMIT EXPIRATION (10-24-15)								
Signature of Inspector:		Date of Approval: 10-25-13						
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
SEP 19 2013
Bayfield Co. Zoning Dept.

125 x 2 = 250
ENTERED Permit #: 13-0379
Date: 10-05-13
Amount Paid: \$850
9-19-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>KAREN ST GERMAO</u>	Mailing Address: <u>64715 6-11es RD. Ashland WI. 54806</u>	City/State/Zip: <u>7480</u>	Telephone: _____
Address of Property: <u>64715 6-11es RD.</u>	City/State/Zip: <u>Ashland WI. 54806</u>		Cell Phone: _____
Contractor: _____	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-020-2-47-05-33-041 2000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1057</u> Page(s) <u>222</u>	
Section <u>33</u> , Township <u>Eileen</u> , Range <u>5</u> W	Town of: <u>Eileen</u>	Lot Size _____	Acreage <u>5</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: <u>150</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$1800.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with (2 nd) Deck with Attached Garage	() X () () X () () X () () X () () X () () X () () X ()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>Structure to hold (2) portable privies</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X () () X () () X () () X () () X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) <u>Septic system. Septic not to hold</u>	() X () () X () () X ()	<u>90</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for the purpose of inspection.

Owner(s): Karen St Germao
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 09 Sept 2013
Date _____

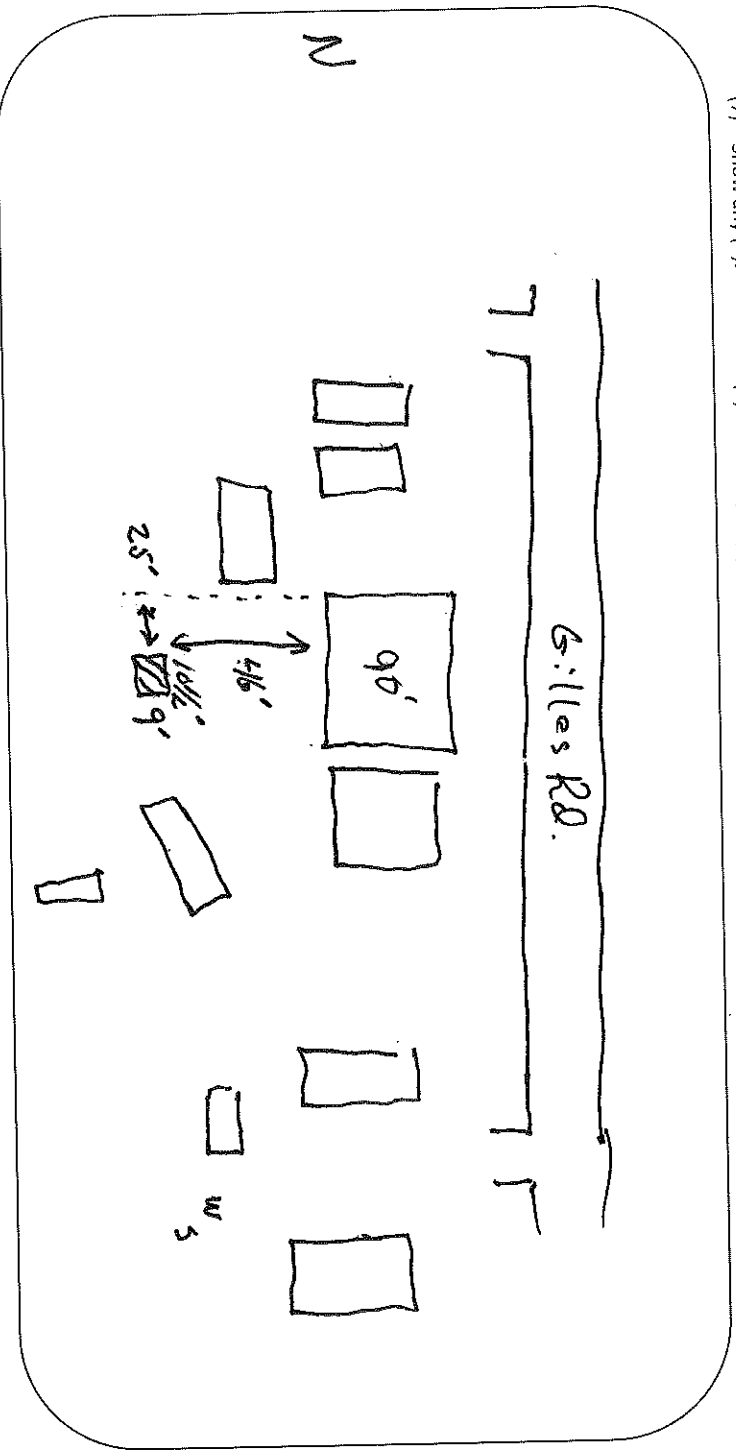
Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Applying for)

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	106 Feet
Setback from the North Lot Line	126 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	555 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	144 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	400 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All and Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

NOTICE: All Land Use Permits expire one (1) year from the date of issuance. The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)				Sanitary Number: <u>Abandoned. HT: 13-124</u>		# of bedrooms: <u>2</u>		Sanitary Date: <u>10-25-13</u>	
Permit Denied (Date):				Reason for Denial: <u>XZ PRIVATE PROPERTY</u>		Permit Date: <u>10-25-13</u>			
Permit # <u>13-0379</u>									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming				<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>N/A</u>				Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>N/A</u>					
Was Parcel Legally Created Was Proposed Building Site Delineated				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No ATF	Were Property Lines Represented by Owner Was Property Surveyed				
Inspection Record: Septic to be abandoned + new holding tank to be installed in connection to holding tank to this building, not approved on STATE SANITARY PERMIT. Waterway navigable per DNR 10-18-13. Date of Inspection: <u>10-27-13 + 10-18-13</u> Inspected by: <u>J. Green, BOWEN Murphy</u>				Zoning District (A-1) Lakes Classification (3) Date of Re-inspection:					
Conditions(s), Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.									
No water under pressure or pumping allowed to service the building unless connection to approved private onsite wastewater treatment system approved by Bayfield Co. Planning & Zoning. Any other state of use commercial building permit for a location shall BE OBTAINED.									
Signature of Inspector: _____									
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>			



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp/Recorded
SEP 19 2013
Bayfield Co. Zoning Dept.

125X22
ENTERED
250
Permit # 13-0380
Date: 10-25-13
Amount Paid: \$850
Refund: 9-19-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>KAREN SE GERMAN</u>	Mailing Address: <u>64715 6:11es Rd</u>	Cty/State/Zip: <u>Adrian WI 54806</u>	Telephone: <u>715.746.2345</u>
Address of Property: <u>64715 6:11es Rd.</u>	Cty/State/Zip: <u>Adrian WI 54806</u>	Plumber: <u>54806</u>	Plumber Phone: <u>54806</u>
Contractor: <u>64715 6:11es Rd.</u>	Contractor Phone: <u>54806</u>	Plumber: <u>54806</u>	Plumber Phone: <u>54806</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>54806</u>	Agent Mailing Address (include Cty/State/Zip): <u>54806</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>0202 472533/040002000</u>	Recorded Document: (i.e. Property Ownership) <u>1057</u>	Pages: <u>222</u>
Section <u>33</u> , Township <u>5</u> , Range <u>5</u> , W	Town of: <u>Adrian</u>	Lot Size: <u>5</u>	Acres: <u>5</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>100</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: <u>100</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Value at Time of Completion * include donated time & material <u>\$ 7,500.00</u>	Project (What are you applying for)	# of Stories and/or basement	Use
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>500 ft</u>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract) <u>X2</u>
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet
Existing Structure: (if permit being applied for is relevant to it)	Length: <u>70</u>	Width: <u>90</u>	Height: <u>90</u>
Proposed Construction:	Length: <u>70</u>	Width: <u>90</u>	Height: <u>90</u>
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Deck	<input type="checkbox"/> with (2nd) Deck	<input type="checkbox"/> with Attached Garage
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Access (Commercial)</u>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Special Use: (explain)
	<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/> Other: (explain) <u>Commercial ARBOR</u>	<input type="checkbox"/> Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Karen Se German Date 09 Sept 2013

Authorized Agent: Karen Se German (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

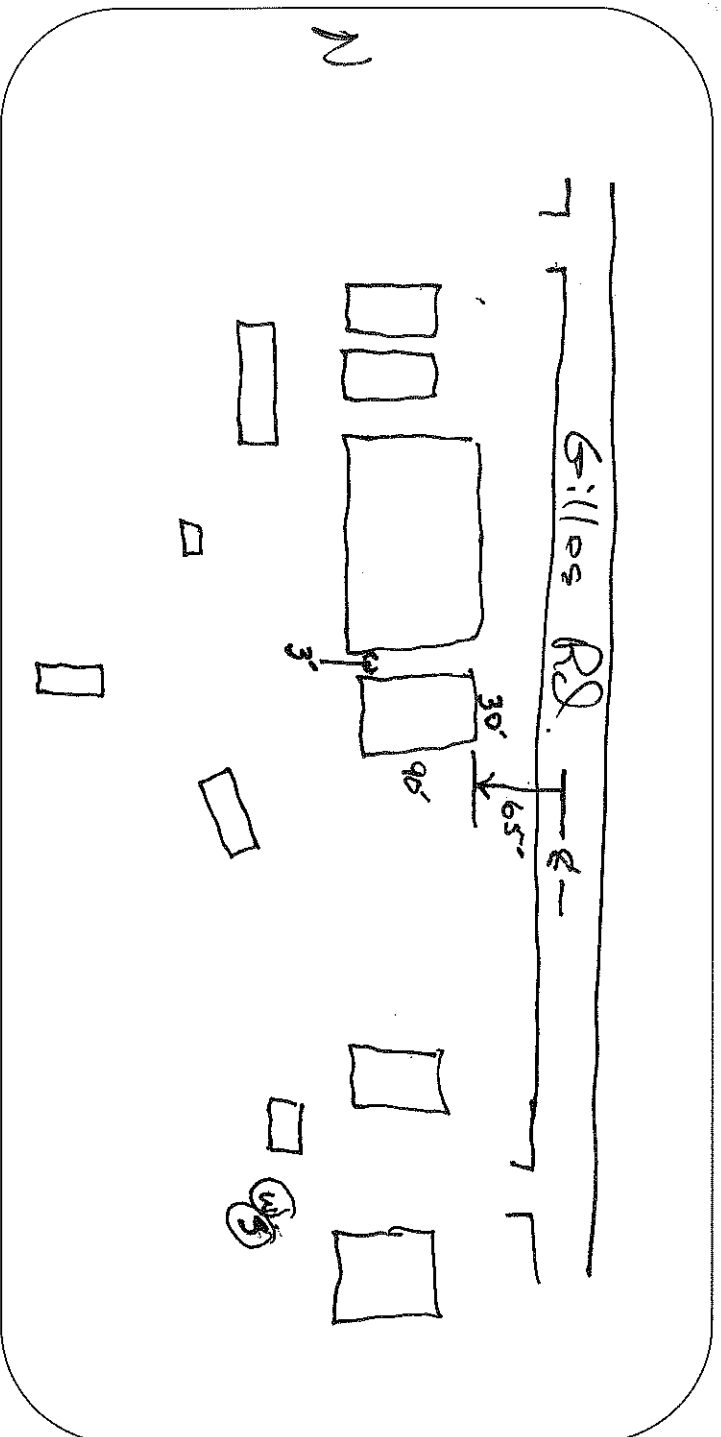
Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	208 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	190 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>Septic to be abandoned</u>		Sanitary Date: <u>2013</u>	
Permit Denied (Date):		Reason for Denial: <u>New AT #13-1245 for residential use only.</u>		Permit Date: <u>10-05-13</u>	
Permit #: <u>13-0380</u>					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (fused/Contiguous lot(s))		<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #: <u>N/A</u>		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: This permit covers the wooden arbor + metal arbor w/ shade screen. the Display deck may be placed under this arbor w/o a separate permit.		Zoning District: <u>(A-1)</u>		Lakes Classification: <u>(3)</u>	
Date of Inspection: <u>10-7-13 + 10-18-13</u>		Inspected by: <u>J. Greenberger, Murphy</u>		Date of Re-Inspection:	
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Any necessary STATE or MI COMMERCIAL BUILDING PERMIT +/or INSPECTION SHALL BE OBTAINED.					
Signature of Inspector:				Date of Approval: <u>10-25-13</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

9-19-13

ENTERED Permit #:

13-0381

Date:

10-25-13

Amount Paid:

\$8850
9-19-13

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: KAREN STEENMAN

Mailing Address:

Telephone: 715

Address of Property:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PIN: (23 digits)

Recorded Document: (i.e. Property Ownership)

Volume 1057 Page(s) 222

SE 1/4, NE 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Lot Size

Acres

Section 33, Township 47 N, Range 05 W

Town of:

EILSEN

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue -->

Distance Structure is from Shoreline: 1100 feet

Is Property in Floodplain Zone? ☐ Yes ☒ No

Are Wetlands Present? ☐ Yes ☒ No

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: 1100 feet

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$ 3,200.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract) <u>X 2</u>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (If permit being applied for is relevant to it) Length: 32 Width: 32 Height: 1600

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with Loft	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Porch	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Accessory Building (specify) <u>COMMERCIAL GREENHOUSE</u>	(<u>32</u> X <u>50</u>)	<u>1600</u>
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>(HOPHOUSE)</u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT AT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Karen & Steenman Date

(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

enclosed below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEP 11 11:42 AM
APR 11 11:42 AM

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	116 Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 + Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	36 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	100 Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	190 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	150 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	750 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>septic to be adapted</u>	Sanitary Date: <u>2013 - April</u>
Permit Denied (Date):	Permit Date: <u>10-25-13</u>	Reason for Denial: <u>HT = 13-1245 - residential use only</u>	Sanitary Use: <u>public use - permits</u>
Permit #: <u>13-0381</u>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <u>N/A</u>	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>WDR inspection 10-18-13. Waterway navigable (one tributary only, not the tributary closest to residence.)</u>	Inspected by: <u>J. CROONBROOK, MURPHY</u>	Zoning District	<u>(A-1)</u>
Date of Inspection: <u>10-7-13 + 10-18-13</u>		Date of Re-inspection:	
Conditions(s): <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)</u>			
<u>Any necessary state or WI commercial Building permit for inspection shall be obtained.</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>10-25-13</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBX: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



- 



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 19 2013

Bayfield Co. Zoning Dept.

ENTERED Permit #:

13-0388

Date: 10-25-13

Amount Paid: \$850

Refund: 9-19-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/ase)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner Name: <u>KAREN & GERMANN</u>	Mailing Address: <u>64715 6110s Rd. Ashland WI 54806</u>	Telephone: <u>715.746.2345</u>
Address of Property: <u>64715 6110s Rd.</u>	City/State/Zip: <u>Ashland WI 54806</u>	Cell Phone: <u></u>
Contractor: <u></u>	Contractor Phone: <u></u>	Plumber: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: Legal Description: (Use Tax Statement) <u>3E 1/4, NE 1/4</u>		Recorded Document: (i.e. Property Ownership) Volume <u>1057</u> Page(s) <u>222</u>
Section <u>33</u> , Township <u>Eileen</u> , Range <u>5</u> W		Lot Size <u></u> Acreage <u>5</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <u>100</u> feet
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> If yes---continue <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue		Distance Structure is from Shoreline: <u></u> feet
<input type="checkbox"/> Value at Time of Completion * include donated time & material		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>3200 sq ft</u>	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<u>Septic</u>	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property
<input type="checkbox"/> Foundation	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract) <u>X2</u>	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32</u>	Width: <u>52</u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(<u></u> X <u></u>)	
<input type="checkbox"/> Commercial Use	with Loft	(<u></u> X <u></u>)	
<input type="checkbox"/> Municipal Use	with a Porch	(<u></u> X <u></u>)	
	with (2") Deck	(<u></u> X <u></u>)	
	with (2") Deck	(<u></u> X <u></u>)	
	with Attached Garage	(<u></u> X <u></u>)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(<u></u> X <u></u>)	
	Mobile Home (manufactured date)	(<u></u> X <u></u>)	
	Addition/Alteration (specify)	(<u></u> X <u></u>)	
	Accessory Building (specify) <u>Heop House / Greenhouse</u>	(<u>32 X 8</u>)	<u>1600</u>
	Accessory Building Addition/Alteration (specify) <u>Commercial</u>	(<u></u> X <u></u>)	
	Special Use: (explain)	(<u></u> X <u></u>)	
	Conditional Use: (explain)	(<u></u> X <u></u>)	
	Other: (explain) <u>Heop House Greenhouse 2x</u>	(<u></u> X <u></u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and a reasonable time for the purpose of inspection.

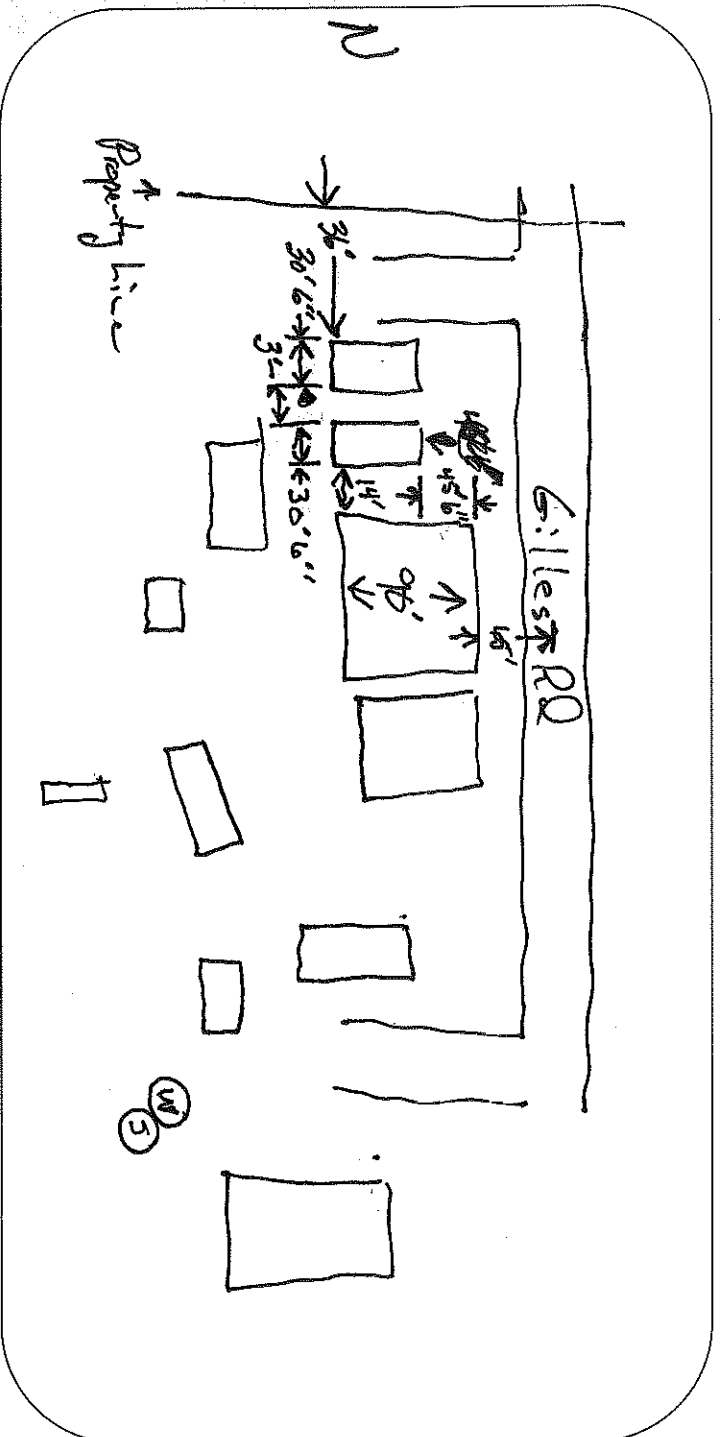
Owner(s): Karen & Germann
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit
Date 09 Sept 2013
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	36 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	190 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	190 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	36 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	100 Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-03882	Permit Date: 10-25-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: N/A	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: inspection in A.Care, work, CONFINED AND RELIABILITY OF TRIBUTARY IN THE RAVERS. ATF PERMIT FOR COMMERCIAL GREENHOUSE/HOPHOUSE. CORRESPONDENCE IN FILE. Date of inspection: September, last insp. 10-18-13. Inspected by: [Signature] Approved: [Signature] Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Zoning District (A-1)		Lakes Classification (3)
Signature of Inspector: [Signature]		Date of Approval: 10-24-13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**

SO. 40° X 2

= 100

Zoning District: A9-1
Lakes Class: 3

RECEIVED

SEP 19 2015 Permit No: 13-0383

Soil Test No:

County:

Bayfield

Bayfield Co. Zoning Dept.

Property Location:

3E 1/4 NE 1/4 S 33 T 47 N. R 5 (or) W

Property Owner's Name: DAVID & KAREN ST. GERMAIN

Address of Property:

64715 6-iles Rd. Ashland WI. 54906

Property Owner's Mailing Address:

SAME

Township: Eileen Gov. Lot #:

City/State

Ashland WI Zip Code 54906 Phone Number 715 746-2445

Block #:

Subdivision Name or CSM #:

II. TYPE OF BUILDING: (Check One)

☐ State Owned

☒ Public (Explain the use/purpose GREENHOUSE(S))

☐ 1 or 2 Family Dwelling - No. of Bedrooms

Parcel ID

Tax Number(s):

04020247053310400020000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) ☒ New

☐ Replacement

☐ County Private Interceptor

☐ Reconnection

☐ Repair

☐ Revision

☐ Transfer of Owner (List Previous Owner below)

B) ☐ A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) ☐ Pit Privy ☐ Vault Privy (Vault size: _____ gallons or _____ cubic yards)

☒ Portable Privy ☐ Camping Transfer Unit Container ☐ Composting Toilets ☐ Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New	Existing									
Septic Tank or Holding Tank		50	50	100	2	Imperial					X
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print)

DAVID & KAREN ST. GERMAIN

Owner's Signature(s): (No Stamps)

[Signature] Karen St Germain

Plumber's Name: (Print)

Plumber's Signature: (No Stamps)

MP/MIPRSW No:

Plumber's Address: (Street, City State, Zip Code)

Home Phone:

Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

Sanitary Permit/Transfer Fee:	Date Issued:	Issuing Agent's Signature / Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	<u>\$1009-19-13 ATF</u>	<u>10/25/13</u>

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

PORTABLE RESTROOM SHALL BE MAINTAINED PER PORTABLE RESTROOM SERVICE CONTRACT.

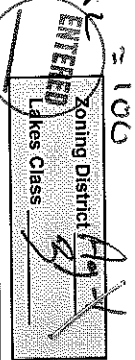
Lot Line

A hand-drawn sketch of a building layout. The sketch is oriented horizontally on the page. It features a central horizontal corridor. To the left of this corridor, there are several rectangular rooms of varying sizes. One room is labeled with the number '92' and has an arrow pointing to it. To the right of the central corridor, there are more rectangular rooms. One room is labeled with the number '33'. The sketch is drawn with simple lines and includes some handwritten numbers and an arrow.

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**



I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name:

DAVID & KAREN ST GERMAN

Address of Property:

64715 GILES RD. ASHLAND WI 54806

Property Owner's Mailing Address:

SAME

County: **Bayfield Co.** Zoning Dept. **Bayfield**

Property Location:

SE 1/4 NE 1/4 S 33 T 42 N. R 5

Township:

E. 1/2

Gov. Lot #:

City, State

ASHLAND WI

Zip Code

54806 715746234

Lot #

Block #:

Subdivision Name or CSM #:

II. TYPE OF BUILDING (Check One)

☐ State Owned

☒ Public (Explain the use/purpose **GREENHOUSE(S)**)

☐ 1 or 2 Family Dwelling - No. of Bedrooms

Parcel ID
Tax Number(s):

04020247053310400020000

III. TYPE OF PERMIT (Check only one box on line A, Check box on line B, if applicable)

A) ☒ New

☐ Replacement

☐ County Private Interceptor

☐ Reconnection

☐ Repair

☐ Revision

☐ Transfer of Owner (List Previous Owner below)

B) ☐ A Sanitary Permit was previously issued. Previous Permit Number _____ Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM (Check One) * Replacements need previous permit number and date filled out above

C) ☐ Pit Privy ☐ Vault Privy (Vault size: _____ gallons or _____ cubic yards)

☒ Portable Privy ☐ Camping Transfer Unit Container ☐ Composting Toilets ☐ Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
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VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		50	50	2	IMPERIAL					X	
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print)

DAVID & KAREN ST. GERMAN

Owner's Signature(s): (No Stamps)

David & Karen St. German

Plumber's Name: (Print)

Plumber's Signature: (No Stamps)

MP/MPRSW No:

Plumber's Address: (Street, City State, Zip Code)

Home Phone:

Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved

☐ Disapproved

Sanitary Permit/Transfer Fee:

\$100 9-19-13

Date Issued:

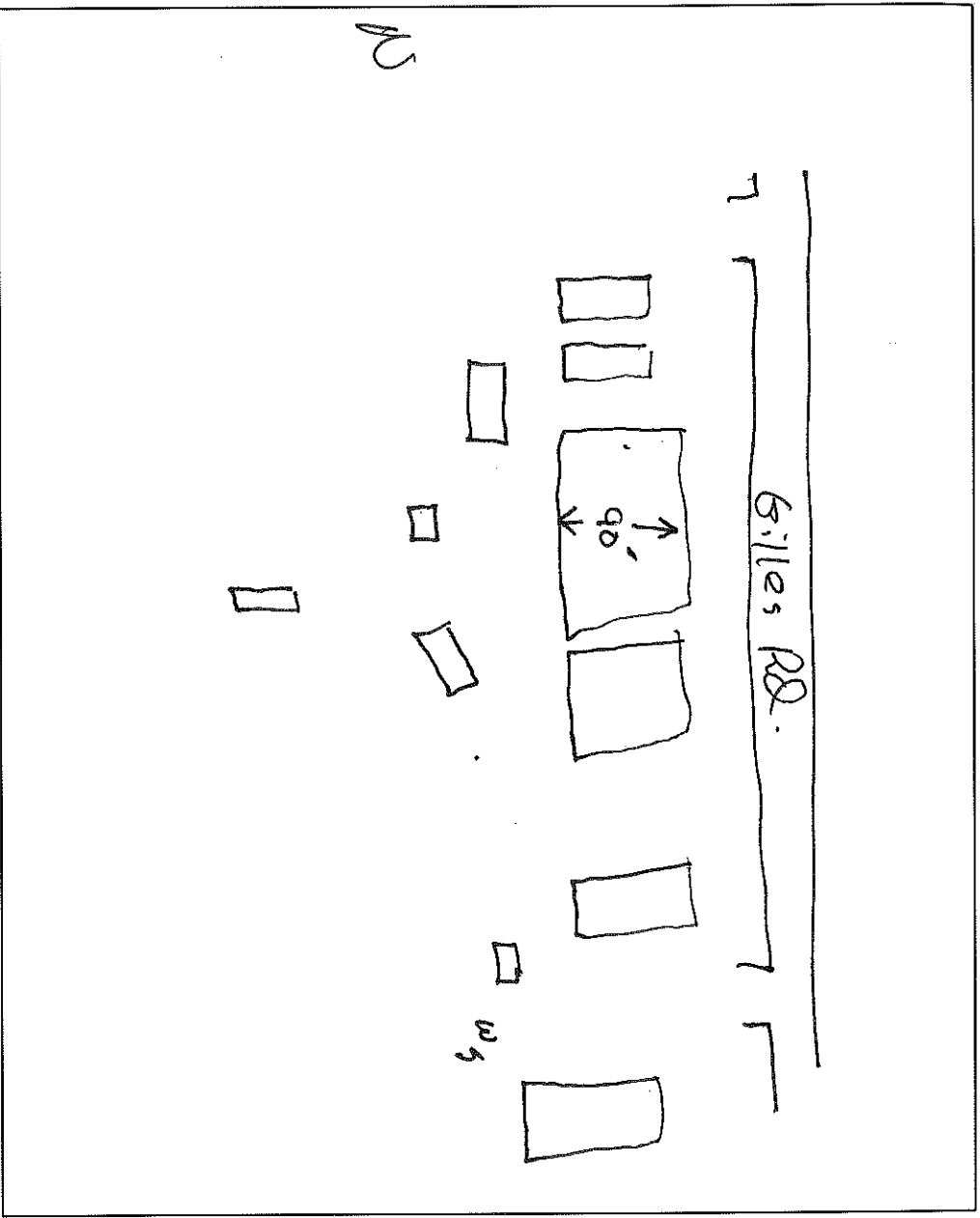
10-25-13

Issuing Agent's Signature / Date:

10-25-13

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

PORTABLE RESTROOM SHALL BE MAINTAINED PER PORTABLE RESTROOM SERVICE CONTRACT.



← Name of Frontage Road () →

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
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Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891